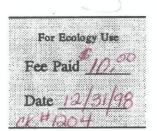


State of Washington Egional Office

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



Mailing Address P.O. Box 1633 City Walla Walla State WA Zip+4 99362 ++ Section 2. CONTACT - PERSON TO CALL AB Same as above Name Mailing Address City State Zip+4 ++ Relationship to applicant Section 3. STATEMENT OF INTENT The applicant requests a permit to use not more than 2, cubic feet per second) from a surface water source or groupose(s) of irrigation, frost protection, control of sufficient. Legal description given on last page Estimate a maximum annual quantity to be used in acre-feet per year Check if the water use is proposed for a short-term project. needed: From / / to / /	Work Tel:(509) 521 - 4499 FAX:(
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Section 4. WATER SOURCE If SURFACE WATER If GR			
Source flows into (name of body of water): Size &	Size & depth of well(s): To be determined.		
I OCCUPANTAL AND A STATE OF THE			
LOCATION	on map attached.		
Enter the north-south and east-west distances in feet from the nearest section corner: Approximate locations shown Specific locations to be determined, within bellocation of power, and other factors.)			
nearest section corner: Approximate locations shown Specific locations to be determined, within bel	County If location of source is platted, complet below: Lot Block Subdivision		
Rearest section corner: Approximate locations shown Specific locations to be determined, within bellocation of power, and other factors.) We of Section Township Range(E/W)	If location of source is platted, complet below:		
Rearest section corner: Approximate locations shown Specific locations to be determined, within bellocation of power, and other factors.) We of Section Township Range(E/W) NH2 SW4 20 8 N. 35 E. Wa:	County If location of source is platted, completed below: Lot Block Subdivision		

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Sec	tion 5. GENERAL WATER SYSTEM INFORMATION					
A.	Name of system, if named:					
B.	Briefly describe your proposed water system. (See instructions.) Two wells to supply a pressure pipe irrigation system.					
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION. Not aware of any.					
400000000000000000000000000000000000000	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)					
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)					
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.					
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.					
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.					
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.					
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION complete for all irrigation and agriculture uses.)					
A.	Total number of acres to be irrigated: 400					
B.	List total number of acres for other specified agricultural uses:					
	Use frost protection Acres not yet determined (depends on cropping) Use cooling Acres not yet determined (depends on cropping) Use Acres					
C.	Total number of acres to be covered by this application:400					
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).					
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? □ YES ■ NO If yes, enter permit no: 					
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking					

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? Ponds may be used.

R YES - NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

7 miles north of Walla Walla on Harvey Shaw Road. From Walla Walla, go north on SR 124 approximately 2 miles. Go left on Harvey Shaw Road and go about another 7 miles. Turn left at white house and go about 2 miles on private road to site.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Attached.

Section 11. PROPERTY OWNERSHIP

Α.	Does the applicant own the land on which the water will be If no, explain the applicant's interest in the place of use an owner(s):		syes of the	ON ¤
В.	Does the applicant own the land on which the water source If no, submit a copy of agreement:	e is located?	™ YES □	□ NO
order	fy that the information above is true and accurate to the to process my application, I grant staff from the Departmentoring purposes. Even though I may have been assist apployees of the Department of Ecology, all responsibility	ment of Ecology access to the site f ed in the preparation of the above	or inspect application	tion on by
Applic	mank Jhones cant (or authorized representative) Wark Sherry	12/28/98 Date		_
Lunda	same same support for place of use (if same as applicant, write "same")	Data		-

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 3. STATEMENT OF INTENT

Legal description of the place of use:

 $E^{1/2}$ Section 19, and SW4 Section 20; all in T. 8 N., R. 35 E.W.M.

We are returning your application for the following reason(s):						
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128					
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE					
Explanation:						
Please provide the additional information requested above and return your application by(date).						
Ecology staffDate	and the second s					

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).